

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Sgt. M. Sanford
 Staton Correctional Facility
 P. O. Box 56
 Elmore, AL 36025

new 335 emp order

2. Article Number
 (Transfer from service label)

7006 2760 0002 8193 1903

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Angela Thorne

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Angela Thorne

C. Date of Delivery

5/2/07

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540